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HISTORY OF A REMARKABLE CASE OF SPERMATORRHŒA—MEDICINES FAIL—CASTRATION—ITS PECULIAR EFFECTS.

By Edward Cass, M. D.,

Of Dresden, Ohio.

In the month of March, 1861, in the adjoining county, Coshocton, this State, I was called to see a young man in a very melancholy condition. I found him in bed, and so prostrated as to be incapable of the least exercise. His age was 32 years, light complexion, about five feet, five inches in height.

He gave the following history of his case: When about 16 years of age he was apprenticed at shoe-making. He discovered for the first time one afternoon, while busily at his work, something discharging through the urethra. On examination he found a "whitish, watery discharge."

Periodically it occurred every day while at work. He mentioned the trouble to his employer. Not having any other way of maintaining himself he adhered to the apprenticeship. His health became seriously involved. He applied for medical aid, and read medical works on the subject himself. Everything failed in having the least beneficial effect. Years passed away, until he was 30 years of age, when he sought and found a location in the city of Cincinnati, in a book store.

While there he applied to some of the leading physicians, but all their prescriptions were powerless to help his condition. Cauterization of the membranous portion of urethra was performed, and Lallemand's treatment followed strictly. He returned home, obliged to give up his clerkship (which he was much attached to, for he was fond of books, and it was remarkable how well he educated himself by reading), giving up in despair all hope of recovery.

At about this time I first saw him; he was much emaciated, an indescribable restlessness haunted him, fluid semen discharging, once, twice, or three times during sleep. He had, in a well written letter to our distinguished surgeon, Dr. Russell, of Mt. Vernon, appealed for surgical aid, castration, or any remedy he would advise. The Dr. sent him a prescription, and reflected somewhat on his morality, telling him to leave off the *cause*, take the prescription, and he would recover. He appealed likewise to my friend, Dr. C. C. Hildreth, of Zanesville. He never had erections in his life, nor did the ejaculation of semen produce the least sensation approaching orgasm.

Possessing naturally a bright intellect, and having devoted himself to reading, it was pleasing to note his fluency of speech, and good command of language; and when I told him the *experimentum crucis* was castration, he made one of the most beseeching and eloquent appeals I ever heard from a poor distressed mortal. The next day I called, accompanied by my friend Dr. Lemert; administered chloroform, and after the operation of castration had been performed, and the patient passed from the influence of the anæsthetic, he felt cheerful, and the prospect of recovery made him quite satisfied with his emasculated condition. Next day my friend Dr. Lemert visited him, and gave this singular account of his ejaculatory muscles: About 4 o'clock, while in a dreamy state, the "muscles went through the motion"—as by habit, a small discharge fol-

lowing. The day following I visited him, and he told me the same thing occurred at precisely the same time. We visited him alternately for two weeks, when everything seemed favorable for his recovery. A year elapsed when the *sans-testes* patient came into my office looking well, and happiness complete, with the exception of a little cloud that he wished dispelled. Since the loss of the testes, and his rapid recovery of health and strength, he was now "troubled" with vigorous erections, coupled with a desire for female society. These conditions had been strangers to him all his life until now. He entertained the idea of matrimony. A young maid he had in view, whom he knew was pleased with him. I told him to deceive no one, but first tell of his physical deficiency. He did so, and was accepted on understanding grounds—was married. And now eight long years have passed away, and if there are any bickerings, and dissatisfactions, the neighbors are "none the wiser;" but of whatever responsibilities they have to bear, there are none in *infant* human shape. They had fully resolved that progeny should not be a *sine qua non* to matrimonial felicity, and they are now living witnesses of the fact.

Remarks.—This patient, whose history I have rapidly sketched, was religiously inclined from his early childhood until the time of his trouble—was healthy and bright in mind. No person, for a moment, who would have seen and conversed with him at the time of his sore affliction, and having his denial, would have accused him of bringing on his abnormal condition. (A caution to medical men who jump at the conclusion that there is only *one* cause for spermatorrhœa.) Remarkable that this man, who, all his previous life, was lost to virile power, should, when emasculated, have venereal propensity. All physiologists revert to sperm as the controling and exciting cause of such animal propensities; but when sperm is *non est*, and especially its absence restores a lost *tone*, this is unrecorded and unaccountable.

RESEARCHES INTO THE PHYSIOLOGICAL ACTION OF MEAT BROTH, MEAT EXTRACT, AND THE POTASSA SALTS OF MEAT.

By Dr. E. Kemmerich,

Reviewed in the Med. Chir. Rund-schau, by Sigm. Exner, from Archiv für Physiologie v. Pflüger, Jhg. II. Hett. I.

(Translated by Dr. Epstein, 57 Everett street, Cincinnati, Ohio.)

Since the invention of the extract of meat by Liebig, there has been much discussion, pro and con, about its physiological action and nutritious value. Although the practical use which is generally made of the invention seems to speak in favor of its great importance, still it is not to be denied that we have waited in vain, hitherto, for the experimental demonstration, that the extract is really capable of replacing the valuable nutritious parts of meat.

The author proposed to himself to answer this mooted question experimentally, and in the course of his researches, which were extended beyond the contemplated limits, he arrived at results which seem to be of the greatest importance, both theoretically and practically.

It is well known that Liebig's extract, as well as the common broth of meat, consist essentially of two kinds of chemical substances, viz: mineral salts, mostly of potash, and extractive matters of meat.

From former investigations of Liebig, it was known that meat-broth is essentially promotive in the formation of the blood and tissues, and exercising also an exciting influence upon the activity of the heart.

Claude Bernard and Traube, after investigating the physiological action of the salts of potash, promulgated the opinion that these have an essentially retarding influence upon the activity of the heart.

To harmonize the opinion of these gentlemen with the experience of Liebig about meat-broth, it is necessary to assume that the extractive matters of the broth act accelleratingly upon the pulse, while the potash salts act as promoters of the building up processes, an assumption which found many advocates.

The present researches exhibit the doctrine of the action of the potash salts, as well as that of meat-broth, in an entirely different light.

And first, as to the action of meat-broth:

The author took 5,000 grms. (about 8[illegible] pounds), of horse meat, and after clearing it carefully from its fat, produced about 150 c. cm. (about eight cubic inches) broth from it. Introducing 30–50 c. cm. of this fluid, by means of a catheter, into the stomach of a rabbit, the animal died in consequence of it within 2 hours, under the symptoms of cardiac paralysis.

From the moment this fluid is received into the stomach of the animal, to its death, two stages can be clearly distinguished in its condition.

In the first stage, the rabbit is lively, the frequency of the pulse and the respiration is augmented, the former (in experiment 1) from 240 up to about 400, the latter from 120 to 180.

In the second stage the animal seems tired; it lies flat upon the ground; hangs down its head; its ears and entire skin become cool; the pulse diminishes in frequency: and the respiration becomes irregular. While the pulse becomes gradually slower and weaker, the animal dies, usually in slight convulsions.

Pure meat-broth, in sufficient quantity and concentration. acts, therefore, as a poison, and very likely by arresting the activity of the heart.

When meat-broth is administered in a quantity which is not sufficient for intoxication, (and prepared from 500-600 grms), it is remarkable that it produces only the stage of excitement, and no diminution of the frequency of the pulse, below the normal, is to be observed, even long after its administration.

The author now turns his attention to find out that substance which is dissolved in the broth, and which possesses the poisonous qualities described. In accordance with prevailing views, he expected, indeed, to find that substance in the extractive matters of the broth, but became convinced soon that he was on the wrong track. His conviction was founded upon the following experiment: A portion of the broth, which was experimentally ascertained to be sufficient for killing a rabbit, was now thickened down by evaporation, and the residue submitted to a glowing heat. In this way all organic extractive matters were destroyed, and that which remained was found to be mostly salts of potash. These now dissolved in water, and introduced into the stomach of a rabbit, killed the animal under the exhibition of the same phenomena observed when killed with the meat-broth.

After this experience, the author made an experiment with pure salts of potassa (chloride of potassium and nitrate of potash), and not only on rabbits, but also on the human being in smaller doses (1-2 grms). This experiment showed the opinion of C. Bernard, Traube and others, to be based on error, for *the salts of potash, administered in proper doses, do elevate the pressure of the blood, and increase the frequency of the pulse, without subsequent retardation below the normal, even after hours.*

After relating these interesting experiments with those parts of meat which are soluble in water, cold as well as warm, and which form a part of meat-broth, the author proceeds to relate the experiments which he instituted for the discovery of the nutritious value of those parts of the meat which remain as the so-called meat-albuminates, or meat extract residues, after all the soluble substances have been removed from it.

Liebig maintained that these had no nutritious value—that animals perish when fed on them.

Now, since meat, *in toto*, does possess a high nutritious value—and yet this cannot be either in the residue of meat (after the extract is prepared from it), nor in the soluble mineral salts—it seemed indeed most probable that this most valuable property should be found in the organic extractive matters, as Liebig also thought. [Against this supposition, however, objections could have been made long ago.—Reviewer.]

The author demonstrates that these meat residues, *in conjunction* with the inorganic salts (of potash mainly), do indeed possess such a high nutritious value, that they are perfectly sufficient for the maintenance of an animal.

He fed two young dogs for three months, upon nothing else than those meat residues, three times boiled and pressed out, to which were added that quantity of the salts which, by previous analysis, were ascertained to belong naturally to the portion of meat used in the experiment. On this food the dogs were fresh and lively, and nearly doubled their bodily weight.

Still more striking was the influence of the potash salts on the nutrition and growth, demonstrated by the following second experiment:

Two dogs, six weeks old, both of nearly the same weight, were both fed daily, with an equal quantity of meat residue; the one, however, received, in addition, a certain quantity of common salt, while the other received, besides, a small quantity of the same salt, also a corresponding quantity of meat broth salts. After the lapse of 26 days the first dog increased his weight to about 810 grms. only, was very much emaciated, and so exhausted that he could hardly walk, while the second dog increased his weight to about 2,085 grms., appeared well nourished, fresh, and lively. The author then reversed the experiment in the following manner: The weak dog, which had received chloride of sodium in his food hitherto, received the salts of meat broth with

his meat residues, while the dog which hitherto received the salts of potash, got now common salt only in their place.

The result of this experiment was, that the dog which was now fed with the salts of meat broth, and which was lighter than his fellow by 1,160 grms., got 160 grms. of bodily weight ahead of his fellow in 31 days.

These experiments gave also some other interesting results incidentally. Thus, the author shows that of all the salts contained in meat-broth, it is the salts of potash alone which produce that striking effect, for in the above-mentioned reversed experiment, he gave the dog which received common salts, also all the other salts obtained from meat-broth, except those of potash. We have seen that this had no promotive effect upon the nutrition of this dog, wherefore the good state and the rapid growth of the other dog must be ascribed to the salts of potash alone.

It showed itself, furthermore, that the increase of the weight of the dog, which was fed with the salts of the meat-broth, was at once stopped, when the mentioned small quantity of chloride of sodium was withheld; hence the inference that the chloride of potash of the meat-broth could in no wise replace the chloride of sodium. This is an important index, pointing to the important part which the common salt, ingested with all our food, plays in the nutrition and regeneration of the tissues of our body.

The post-mortem examination of the animals experimented upon, showed always the reduction of the fatty matters to a minimum, and the muscles of those fed upon the salts of potash to be most strongly developed, so that there can be no doubt that the rapid increase or diminution of the bodily weight, according to the different food given, depends almost entirely upon the increase or diminution of the muscular tissues.

[It seems to us important not to overlook that we have here to do with tissues *in the process of growth*; that the experiments so highly interesting, *per se*, do accordingly show only that the salts of potash are indispensable for the *formation* of the muscular substances; but we must not transfer the attained results all at once to the state of the muscles in the adult animal, for it is possible that substances which are absolutely important for the formation of the muscular substance may play no part at all in the production of the work which the muscles are to accomplish, or in their regeneration after exhaustion. Further experiments must yet be instituted in order to ascertain whether the salts of potash do essentially support the muscles in their working ability, or whether this is altogether conditioned upon them.—Reviewer].

The author finally adduces experiments which go to show that Liebig's extract of meat *alone*, has no nutritious value. He let two dogs fast, and while giving the one water only, he gave the other, besides this, also a small quantity of meat extract. After five days the bodily weight of the first diminished to about 110 grms., and that of the second one to about 172 grms.

In a similar second experiment, the perfectly fasting dog lost, after 12 days, 492 grms., and the one fed upon meat extract lost 574 grms. The last dog died at the expiration of that time, while the first one, after being supplied abundantly with food, was completely restored in four days.

It follows from this, that Liebig's extract of meat, in the absence of other food, does not only not help the maintaining of life, but very likely hastens on the end of it, in consequence of the heightened activity of the change of matters (erhöhten stoff wechsels), and the more intensive work of the heart, which we have seen the use of it does produce.

THE ALBANY COLLEGE MUSEUM.

By T. D. Crothers, M. D.

Medical Museums in this country are fast rivaling those of the old world. Many are superior in some respects, although none are over a half a century old. Among the most rapidly growing, and largest, may be noticed the Army Medical Museum at Washington, and the Albany Medical College Museum at Albany, N. Y. As the former has had frequent mention in the Reporter and other journals, we propose to describe a few of the specimens of interest in the latter. This museum, of the Albany Medical College, has the largest collection in Osteology in America, (if not in the world). Of

FRACTURES

alone there are over seven hundred specimens, besides numerous models and casts of all the rare varieties at other museums. In this collection are examples of every kind of fracture; impacted and non-impacted; intra-

capsular and extra-capsular; compound and comminuted; with bony union and without; distorted and straight. The largest number are of the fore-arm, and leg below the knee, showing that these parts (most exposed), are oftener injured in civil life. The late Dr. Alden March made a collection of one hundred and twenty-eight specimens, illustrating diseases of the hip joint, and fractures of the neck of the femur. This collection has thrown more light on the pathology and treatment of both fractures and diseases of this joint, than the literature of a century. Many of these specimens have been the subject of sharp debate, and have called out valuable papers. One of the best known specimens of this collection has a curious history, as follows: No. 884 was procured from the curator of the old London Hospital Museum as a good example of bony union within the capsule of the neck of the femur. Good judges in London, Paris, and Edinburgh, pronounced it a complete specimen of fracture, and bony union within the capsule. It was exhibited to nearly all the leading surgeons in this country, and was thought to settle the question beyond a doubt. Two of the ablest surgeons in America examined it critically. One of them wrote: "While it was plainly enough a fracture, there was no reason to doubt that it might be both within and without the capsule." The other surgeon gave no public opinion. Some years ago a country surgeon, while comparing it with some specimens of his own, noticed its lightness; on examining it closely, behold, the entire head of the bone was found to be plaster of Paris ingeniously united to an old shaft! Specimen No. 1,380 has the following history: J. H., In delirium, sprang from the third story window, falling upon a pile of lumber, fracturing the femur at the lower third, and forcing the fractured end through a plank; fractured again, leaving about two inches remaining in the plank. He survived the accident about three hours. The collection of distorted

SPINAL COLUMNS,

twenty-two in all, is very rare. Many of them were procured by Dr. March from the valleys of Switzerland. They illustrate deficient earthy matter and softening of the bones, which often follows want of sunlight and improper food. The distortion in some cases is so great that life seems a marvel. Yet a history of some cases speak of life as continuing many years in that condition. In one of the specimens the sternum and floating ribs fall over, and press the pubis. In others they are turned laterally, resting on the sacrum. The spine is bent at right angles, or like the letter S. Such collections are common in Europe, but rare in this country. The collection of

SKULLS,

one hundred and fifty, or more, exhibit diseases of the bones, and fractures with various weapons. Some are specimens of trephining with recovery. No. 954 is a remarkable example of syphilitic caries. The entire skull is involved, looking like a honey comb or coral. No. 955 is an extensive exfoliation of os frontis and parietal bones, leaving a thin plate—almost gelatinous—from the same subject. No. 475 was procured in Paris. The temporal and parietal bones, together with lower jaw, were carried away by a shell during the revolution in 1830. The patient survived a few hours. No. 1,109 was dug up on the field of Waterloo in 1848. The upper part of the bone was broken, and a solid ball, two inches in diameter, found in the centre, together with a net work of roots from a tree, which had wound in and out of every cavity and foramen. The

DRIED MUMMY

of the once celebrated Dr. Calvin Edson, is worth a note. At one time he was a successful practitioner and a man of some talent; but misfortune followed, and a remarkable emaciation came on. He exhibited himself as the living skeleton, and continued in good health up to within a few days before death. His body he donated to the college, to be kept on exhibition, as near the condition of life as possible. It was embalmed, and although discolored, remains the same. Near by, we notice Prof. McNaughton's collection of

GIANT SKELETONS,

Five in number; all over six feet high. They are called by the students, "*Highland Brothers.*"

TUMORS AND CANCERS

number over seven hundred, of all varieties and descriptions. They are catalogued with a short history of each. A larger part of them belong to the "Dr. March collection." No. 1911 is an ovarian cyst, from a *post-mortem*—where the patient was supposed to have dropsy—measuring twenty-eight inches in diameter.

In an adjoining case are accident specimens of arms and legs, with other crushed and bruised parts of the body that have been amputated. No. 959, is the testicle, scrotum and penis, with six inches of the spermatic cord torn away, caused by falling on a revolving shaft. The perinæum was laid open and the intestines exposed. The patient recovered and is living yet.

Among the casts is one of a tumor on the lower third of the femur, measuring three feet in diameter. Another of a man yet living, with a fatty tumor about the neck, 38 inches in circumference, on a level with the chin. In the gallery Prof. Armsby has a collection of 200 casts of stumps of different wounds which occured during the war. And the college collection of Natural History, consisting of stuffed birds and animals, from the elk down in the scale; this, with a cabinet of military missiles and relics of the war, and Prof. Emman's collection of 300 phrenological busts, fill up the room. Among the numerous preparations of the body is one in which the nerves are dissected and fastened to a blackboard. This embraces all the principal nerves, with the spinal cord, and is considered a great feat in dissection. Prof. Armsby's gallery consists of 384 engravings of nearly all the medical celebrities from the time of Galen down. Many of them are rare, and do not exist in any other gallery. Besides the several hundred wax models and casts, imported from Europe, there is an immense collection of curiosities deposited by medical men, uncatalogued and unnumbered. The whole number of specimens catalogued is 3,549, which, together with those deposited, would swell the number to 5,000 and over. And all this has been gathered within a period of thirty years.

RHEUMATISM—EXTENSIVE ORGANIC DISEASE OF THE HEART, WITH RUPTURE OF THE ORGAN; POST MORTEM EXAMINATION, ETC.

By Wm. P. Rodefer, M. D.,

Of New Market, Tenn.

Late Surgeon, A. M. D., U. S. A.; in charge G. M. Hospital, Knoxville, Tenn.

John H., æt thirty-four years, a carpenter by occupation, came under my care on the 7th day of January, 1867, laboring under the usual symptoms of sub-acute rheumatism, which involved, chiefly, the joints of the right knee and ankle, and the intercostal muscles of the right side of the chest.

The patient does not remember to have had any rheumatic affection previous to this attack, though his general health has never been good, owing, as I conceived, to a well-marked scrofulous diathesis, manifesting its existence in enlargement of the cervical and sub-maxillary glands and extensive ulceration of the vomer, which conditions have continued for a number of years.

The attack of rheumatism seemed to yield readily to the influence of the wine of colchicum, prepared from the recent root, in combination with the iodide of potassium and morphia; and under the use of these remedies, in conjunction with a solution of permanganate of potassa (one-half grain to one ounce of water), which was thrown into the nostrils freely thrice a day, by means of a syringe, the ulceration of the vomer rapidly improved, and at the end of three weeks the patient reported himself at my office as almost entirely well. He was directed to continue the use of the prescription which I had previously given to him, and in addition thereto, to take three drachms of the cod-liver oil of Messrs. Hegeman & Co. three times a day. From this period I heard nothing more of the case of John H. until after my return from the city of Philadelphia, whither I had gone to spend a portion of the fall and winter in the prosecution of the study of anatomy and of physical diagnosis, in February, 1868, when I was again called on to prescribe for a similar attack of rheumatism, involving the joints of the ancle and knee, and the intercostal muscles of the right side of the body.

The patient informed me, on the occasion of this visit, that for three weeks he had suffered much from wandering pains in the cardiac region, and from "shortness of breath." The knowledge of the existence of these symptoms led at once to a thorough examination of the chest, the record of which, as taken from my case book, is as follows:

Inspection discloses some arching of the præcordial region, with marked and almost entire obliteration of the left interspaces from the fourth to the seventh or eighth rib; the impulse is increased in extent with its maximum just below the nipple and somewhat to the left; the action is somewhat slow, except under exercise or excitement, laborious and heavy; systolic murmur, with its maximum

near the base of the heart, is distinctly observed in the carotid region; on close examination, a diastolic blowing sound, with its maximum just below the base, and at the left border of the sternum, is heard, the sound being musical, but somewhat rough in character. Percussion elicited marked dulness in degree, which extended from the second to the seventh intercostal space.

The patient, being anæmic, he was put at once on the use of the wine of colchicum, iodide of potassium, and morphia, in combination, in conjunction with the syrup of iodide of iron, thrice a day, and counter-irritation by means of flying blisters, was kept up over the cardiac region. Strict quietude and the avoidance of all sources of excitement, as well as of manual labor, were forcibly enjoined.

With this treatment the patient, who reported from time to time at my office, seemed again to improve, the rheumatic symptoms subsiding and the strength gradually increasing, until the afternoon of the 2nd of April, 1868, at which time, after getting up from a hearty dinner, he walked out to his wood pile, saying he believed he was well enough to go to work. He cut off eight or ten pieces of wood, when he started to return to his house, some thirty feet distant, but fell at the door of the house, and was carried to his bed in a state of syncope.

On reaching the bedside of the patient within fifteen minutes after he was carried into the house, I found him extremely prostrate, the pulse frequent and very feeble, the whole surface of the body bathed in cold perspiration, and the patient complaining of excruciating pain all over the region of the heart, and the most intense nervous excitement that I have ever witnessed. Under the use of moderate stimulation, the liberal exhibition of morphia, and the free application of sinapisms at various points, the patient rallied well; pain was subdued, and at the expiration of an hour I left him comfortable, with strict injunctions to observe the utmost quietude, and in no event to attempt to rise from the recumbent posture. Three hours after this visit I called again at the home of Mr. H., and found him resting comfortably, entirely free from pain, and with a desire for food. My previous directions were forcibly repeated, the danger of any attempt at exertion pointed out, and, after the administration of a small dose of morphia, I left the patient for the night.

At one o'clock, A. M., of the succeeding day, I was hastily summoned to Mr. H., and, on arriving at the house, I learned from the attendants that he expressed a desire for some chicken broth, and while it was in process of preparation he attempted to sit up in the bed, but at once sank back, exclaiming, "Oh! my heart," and immediately expired.

Sectio Cadaveris, twelve hours after death. Rigor mortis well marked. On inspection of the thoracic region, although the patient was a man of a spare habit of body, the intercostal spaces were found to be obliterated, and there was marked bulging of the left side. The entire surface of the body was highly marked by the "paleness of death," and emaciation was complete. After inspection, incisions were made in the usual way; the flaps were dissected up, and the sternum, with a portion of the costal cartilages, was removed. The pericardium was found to be greatly distended, and occupying the entire front of the left lateral region of the chest; on puncturing the sac, there flowed out some sixteen ounces of bloody serum, followed by a large quantity of partially coagulated blood. A ligature was thrown around the vessels, and the heart being separated from its attachments, was entirely removed.

The lungs were found to contain, at their apices, and along their superficial borders, numerous tubercles in their primitive state. Near the middle of the left, imbedded in the lung tissue, there was found a calcareous substance the size of a No. 4 shot. The organs otherwise presented nothing abnormal, except in the attenuation and displacement downward and backward—owing to the presence of the distended pericardium—of the left lung.

The stomach was distended with flatus, having the smell of sulphuretted hydrogen. The spleen was enlarged to twice its normal size, indurated, and much congested in its lower portion. The liver was entirely normal in appearance. The remaining viscera were not examined.

The important viscus, the heart, was then taken to my office, and a minute examination made of its pathological condition. In this, as well as in the examination of the entire case, I was kindly assisted by my friend, Dr. S. M. BURNETT, of New Market.

This specimen could not fail to strike the observer with profound amazement; it seeming impossible to conceive of an organ so seri-

ously and extensively diseased in every part. Indeed, after an examination of it, the inquiry would be, not, why did the man die, but, how could he live? The measurement in its longitudinal diameter exceeded five and a half inches, and in width, it reached one-third of a foot. The tissue was soft and flabby, totally unlike the firm substance of the human heart; the weight was over seventeen ounces. The aorta contained an embolus one inch long and three-fourths of an inch in thickness, and several semi-organized clots were found in the left ventricle of the heart. The aortic valves were much thickened, cartilaginous to a considerable extent, and studded with deposits resembling calcareous substance. The sides of the valves were adherent to a great extent, and the opening much diminished in size. The mitral valves were also thickened and indurated, and at some points completely ossified; the sides were united so as to form a funnel-shaped cavity with a slit at the bottom, presenting a beautiful specimen of what has been termed the "button-hole contraction." The walls of the left ventricle were greatly thickened, while those of the right were exceedingly thin, soft, and covered with fat. Two ruptures were found to exist, one an inch in length, the other somewhat less in extent; the former on the right side, near the junction of auricle and ventricle, and the latter somewhat lower down in the ventricle. The entire heart was covered with a perfect mass of fat, so as to be encased, as it were, in this substance. A rupture of one of the coronary arteries also existed. This specimen is interesting to the pathologist:

1st. On account of the large number of lesions which were present, comprising nearly all embraced in the catalogue of cardiac diseases, consisting of pericarditis, endocarditis, softening, fatty, and calcareous deposits, valvular disease, giving rise to both regurgitation and obstruction, thickening of the walls of the left with dilatation and thinning of those of the right side; of the presence of emboli in the main vessel and of the semi-organized clots in the ventricle.

2d. The entire absence of dropsical accumulations, the usual accompaniment of regurgitation and obstruction, and the occurrence of fatty deposits and degeneration at so early an age—authorities stating that it rarely occurs in males under fifty years of age. It was neglected to state, at the proper place in this report, that the walls of both the right auricle and right ventricle were reduced to extreme thinness, and apparently, almost entirely fatty; hence the ease with which a rupture could occur in the substance of these parts.

The cause of immediate death in this case was unquestionably rupture of the heart; and this rupture, in the opinion of the writer, was caused by the obstructive and regurgitant lesions of the aortic and mitral orifices, whereby the left ventricle and left auricle became overrepleted from regurgitation of the blood, and obstruction to its flow, and successively the right ventricle and right auricle were enlarged, and their walls became distended and thin—the rupture readily taking place on account of the extreme fatty degeneration. In this connection the enlargement of the spleen might be accounted for by the backward flow of the blood, causing fullness and consequent increase of size, admitting the theory making the function of the spleen that of a diverticulum.

Hospital Reports.

PHILADELPHIA HOSPITAL.

June 1st, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc., etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Gentlemen:—I first bring before you to-day a constitutional and chronic member of this institution. He has received admittance here fifty-four times. This man was before you at my last clinic for stricture at the unusual site of the posterior portion of the membranous urethra. You will remember that I ruptured the stricture with a dilator, and afterwards passed a number fourteen sound. You see the readiness with which a similar-sized instrument is introduced to-day. As I told you before, to ensure success, a sound of the calibre of the man's urethra must be passed one or more times a week as long as he lives.

The second case I bring before you, is a man whom you have before seen in this ampitheatre. He had an inflammatory chancre, which after five months neglect had nearly destroyed his penis. As a result of our treatment (case previously reported) the stump of the penis has entirely healed. With what is left, I have no doubt that this man will be enabled to effect copulation. When congested with blood, the nature of this part is such, that it distends to a

remarkable degree. Bear this fact in mind in some amputations of the penis for cancer, etc.

Pelvic Abscess.

The woman before you is a German. When I first saw her in the wards of the hospital, she had a circumscribed swelling of the size of an orange in the region of the inguinal canal. The protuberance had a doughy, semi-elastic feel. To-day this swelling looks more supple-like and pointed. Superficially there is a loss of structure in the shape of a small ulcer. The parts around are very dense and hard, and the skin is congested and discolored. Now this may be a simple or a glandular abscess; a cystic tumor; a hernia with omentum; pelvic or psoas abscess, common in parturient women; a hematocele; or, finally, it may be a malignant growth. See what an extent of knowledge is required to make perfect from exclusions, and correct from diagnosis. We will cautiously dissect down and see the nature of this growth.

[Dr. MAURY carefully dissected away the skin and fascia, and while endeavoring to enucleate the growth and tear away some of its deeper adhesions, it burst at its summit, discharging a creamy, tenacious pus. Exploration of the sac showed that it extended deep within the pelvis. The edge of the ulcer was carefully pared, the opening of the abscess enlarged, and the woman directed to be placed in the position most suitable for draining the sac. Being old, and much emaciated, the use of any cauterant or irritant injections into the sac was prohibited. The woman was placed upon tonics and appropriate diet.—R. M. T.]

CINCINNATI HOSPITAL.

May, 1870.

Medical Clinic of C. G. Comegys, M. D., member of the staff, and Prof. of Clinical Medicine in Medical College of Ohio.

(REPORTED BY J. W. HADLOCK, M. D.)

CASE III. Clara Fisher, æt 48. German; married. Entered the house March 19. From the account by the husband it is ascertained that she has been complaining for six months past of headache. Three months ago they began to observe that she frequently lacked words to express her ideas, and, besides, seemed to suffer more or less mental derangement. During her "critical period," two years ago, she had attacks of menorrhagia. No paralysis had been observed in her movements until recently.

Present Condition.—An anæmic emaciated woman of medium height; face slightly flushed; temperature, 98½°; respiration, 18; pulse, 68, full and strong. Tongue, furred; protruded with difficulty; no deflection; fair appetite; incontinence of feces and urine. No loss of mobility of the eyes; pupils normal. The mouth is very slightly drawn to left side. Paralysis of right arm and leg; some rigidity at times of right arm; can walk when assisted, but the right foot lags a little. No loss of sensation in right side.

The patient could not answer questions by speech—could not tell her name; but could assent by nodding when it was announced. So she would, by nodding or shaking her head, give some intimations of comprehension; but not always correctly. Nothing abnormal in chest or abdomen.

Diagnosis.—The variable conditions of intelligence and faculty of speech since she was first observed to be sick, and the slight hemiplegia now existing, whilst the functions of the other cephalic nerves seemed to be intact, led us to locate the lesions in the left corpus striatum, and anterior and cortical portion of the left cerebral lobe.

Treatment.—To have a hypodermic injection of 1-60 gr. of strychnia once a day; house diet, and to be slightly exercised in locomotion.

Progress of the Case.—On the 21st, the second day of the treatment, the patient was far more rational; could articulate better and answer a few questions hesitatingly; has retained the feces and urine; walks with difficulty; temp., 98°; pulse, 72; respiration, 18; same puffing expiration.

25th.—Incontinence has begun again. Temp., pulse, expiration, unchanged. 31st.—No especial change in any particular; ordered dry cups to spine. The injections of strychnia have been continued regularly; the pulse, temperature, and respiration were not abnormal at any time.

My term of service expiring on the first of April, she came under charge of Prof. Murphy. The records show no change of moment for fourteen successive days. After that she began sinking; on the 18th of April the pulse was rapid; increased temperature; puffing expiration; unconscious. She died on the 19th, one month after entering the hospital.

Autopsy by Dr. Carson.—The examination was made with great care, which I condense from the register on account of its great length.

The skull was everywhere very thin; the anterior meningeal artery is covered by the external table only. The bone is softened, rough, and blueish, to an extent of three-quarters to one and a quarter inches at the juncture of the left temporal with the parietal bone; other patches like this are found at the junction of the sagittal and coronal sutures. Dura matter corresponding to these spots ecchymosed and perforated at one point. On cutting through, the membrane was found adherent to the anterior left lobe, near the perforated point, and at contiguous points.

Surface of the brain in this locality presented great venous distension, a dark spot two by two and one-half inches exists firmer than surrounding tissue and without sulci. On making a section through the island of Reil and along the third convolutions of left hemisphere, half an inch beneath the surface, a tumor exists, occupying nearly all the lobe

two and one-half by two and one-fourth in size, covered by a thin lamina of brain.

The tumor is firm, very vascular, and coursed by tortuous veins; the general tint a dirty crimson. The adjoining brain somewhat softened on side next the longitudinal fissure. No material change elsewhere. On scraping a little of the cut surface and placing it under the microscope, large irregular cells varying in size, of the caudate, fusiform, and multilocular forms are found, with some fibrous structure also, and abundant granular matter.

The tumor does not extend into the island of Reil, but to the anterior border, with evident pressure on the left corpus striatum and on the third convolution. The left anterior lobe is much larger than the right one, showing how much the tumor had expanded the structure by its growth.

The tubercular opaque bodies found on the dura mater exhibit under the glass a large amount of fibrous tissue, but no cell growth.

Remarks. In this case we had neither complete loss of speech nor right hemiplegia; but all the impairment of speech and motion were connected with lesions in the usual locality. The island of Reil, however, is not injured, and the left corpus striatum is pressed upon only. The right leg dragged some in walking, and the right arm could be moved, but she had not much voluntary power there.

The aphasia had been noticed more or less for months, but yet there were moments of partial recovery at least; and her gestures were usually intelligent. The accommodation of the left anterior lobe to growth of the tumor, is noteworthy.

Her mental derangement which was observed at times is explained by the conditions and change found in the cortical portion of the brain, as well as in the loss of memory.

General remarks.—It is not difficult to recognize lesions of the brain, by observing the condition of function of organs supplied by the cephalic nerves; but to say with certainty what is the nature of the lesion is most often impossible. There are no symptoms yet recognized as pathognomonic of either structural, degenerative, or adventitious growths, as the same phenomena may exist in all. A clot or any disease limited to the cerebral hemispheres above the level of the ventricles need not reveal itself by any definite symptoms; and there may be no symptoms with a large abscess on the brain.

Persistent headache, vertigo, the absence of fever, paralysis in the function of cephalic and spinal nerves, associated with strumous, tubercular, syphilitic, or cancerous disease, may lead us to infer that a neoplasm exists, and more especially if there is a fairly nourished condition of the body; but I repeat, as the sentiment of the best writers, there are no pathognomonic symptoms of tumor, abscess, or softening of the brain.

From numerous observations, however, I may say that in conditions of softening there is more persistent blankness of expression of the countenance and mental hebetude than in tumor.

Post-mortem conditions do not always indicate what were the clinical phenomena in the observations recorded even a few days before death, because the structural degenerations are often so very rapid that they can only be connected to the moribund symptoms. In this way diagnosis made from inspections of organs may contradict, erroneously, the opinions entertained in the earlier observations of a case. Neither, because a tumor is closely identified with a nervous cord, are we to assume that anæsthesia or loss of motion existed in the parts to which the nerve was distributed; for adventitious growths, in these cases, as in many others, may not be so developed as to destroy tissue, and more especially as there are so many thousand strands of nerve fibre in every considerable nerve, the many of which may not be destroyed in function.

I will only add a few words in regard to the treatment employed. In the first case I used a seton by which I expected to excite a permanent and vigorous action of the vaso-motor nerves of the extreme vessels of the brain, and thus preserve, as for as possible, the capillary circulation on which the brain tissue rests. I have insisted now for several years that counter-irritation does not give relief by establishing a counter-disease, or by a drain of matter; but by irritating the sensory nerves of the skin excites, by reflex action, the tonicity of the organic muscles of the ultimate vessels, and thus invigorates the capillary circulation. In all stases or reduced conditions of the extreme circulation there is more or less paralysis of the muscles. No matter what agent is employed for this counter-irritation, blisters, electricity, sinapisms, stimulating lotions, moxas, ice or hot water bags, pinching, rubbing, etc., the effect upon the vessels is similar. An irritation applied to one portion of the nervous system is transmitted to another according to an accepted law. I used steadily the hypodermic injections of strychnia, because of the known dynamical properties of that agent for exciting the nervous centres, and so reach by direct action the muscular tissue of the extreme vessels.

There are usually portions of tissue about organic lesions which are only impaired in functional action by the irritation of the diseased part; it is our duty to endeavor to arouse functional activity again where it is merely in abeyance (though we expect temporary good only) that a degree of healthy action may be restored. In the case 1, the conditions were too extreme to obtain any amelioration, but in the other two decided improvement was manifested for some time.

We should never forget in clinical studies of cerebral lesions that they may be purely reflex in character. The multitude of commissural fibres explain this. Paralysis of vaso-motor nerves (produced by shock or remote irritation) connected with important centres, give by the resulting hyperæmia, or scrous exurdation, notable changes in one or more faculties, all of which may be relieved by dynamic medication applied externally, or internally as before indicated.

UNIVERSITY OF PENNSYLVANIA.

June 1st, 1870.

Clinical Service of J. E. GARRETSON, M. D.

(REPORTED BY DR. DE F. WILLARD.)

Cyst-Succulent Tumor of the Face.

GENTLEMEN:—The case before us is one which, a few moments ago, I saw for the first time. I have as yet no diagnosis of it, but propose that we shall study it together.

Imprimis, we remark its size and position; it is illy defined, but I can map it from the centre of the lower lip in front, to the angle of the jaw behind; from the inferior boundary of the sub-maxillary triangle below, to the line of the commissure of the lips above. To the touch it is doughy, to the eye the parts look healthy, except a line about the length and breadth of a phalanx, which, as is readily seen, has the appearance of a great varicose vein.

This tumor, the patient tells me, made its first appearance thirteen years ago; up to four years back she had frequent attacks of pain in it. At that time a surgeon passed an exploring needle, since which she says it has never hurt her. Her desire to have it removed depends entirely on the existing deformity.

We may stop just here for a single moment to consider a fact which is, I think, a key to the diagnosis of tumors. If the members of the class will recall their clinical experience they will be struck with the basial truth that all tumors classify themselves under two general heads. First, tumors which are analagous. Second, tumors which are heterologous. That is to say, the first class, from anatomical situation, from continuity to certain parts, designate themselves as what I might be allowed to term physiological derangements.

The fatty, the sebaceous and the adenoid tumors, may serve as illustrations, or we may illustrate them by the hernial tumors, by the enlarged testicle of orchitis, by the protruding meninges in spina-bifida.

In all these cases, and in a dozen others, they are analogous. We are at once directed in our diagnosis, and almost without the possibility of erring.

The second class are without anatomical analogies. They are generally local outgrowths, as it were, of constitutional conditions, and they are set down by the materies morbi anywhere; such growths are commonly carcinomatous in character, or if not strictly so, may certainly be viewed with more or less doubt. You will be on the safest side if you view, and treat them, with the latitude given to cancer.

The tumor before us belongs to the second class; it has no anatomical explanation; that is to say, it has no anatomical date with which it accords. It is not an abscess, nor an adenoid tumor of the submaxillary triangle, because its upper border has no accord with such triangle; it is not an alveolar abscess, because looking into the mouth we find it without any dental association; it is not a sebaceous growth, for sebaceous tumors in this situation are loose and moveable, while this one feels flattened against the bone, or rather, indeed, as if the face of the bone constituted part of it.

To advance our diagnosis I will now use the exploring needle.

[On the withdrawal of the needle, and pressure being made over the tumor, a delicate stream of arterial colored blood was ejected a distance of ten feet.—DE F. W.] I scarcely expected this blood; where does it come from? It is hardly probable that my needle could have entered the facial artery, and yet it is possible. We will wait a moment and determine. If the artery has been struck, it will, of course, continue to bleed, and the parts will engorge; if it has not been disturbed, the parts will remain as they now are.

While waiting, however, I will re-introduce the needle from the inside of the mouth and make further exploration. In turning the needle about the base of the tumor, I seem to be breaking a very loose cellular bone; the body of the growth seems to be a single cyst; it is certainly minus any very resisting contents.

The tumor, you see, does not enlarge. I have not, therefore, struck any special vessel; the growth itself is vascular. We are getting, now, our diagnosis.

The tumor is a cystic growth; it is a blood tumor; not an aneurism, because it has no pulsation, and because it is not in any of the aneurismal positions. It belongs to the order "Telangosis;" it is a disease of the capillary vessels. When, however, I say the tumor is cystic, I do not commit myself to the assertion that it will be found to have a distinct cyst; indeed, I rather doubt this; such growths are very anomalous, and do not follow an exact rule. What I desire to be understood as saying is, that this growth will be found on dissection to be an analogue of the nævi; that it is an erectile growth, very vascular, and yet, if cut well outside of the capillary disease, may yield no more than the ordinary amount of hemorrhage. Our diagnosis,

then, is that we have, in this tumor, an erectile growth; that it may or may not be distinctly isolated or uncysted.

Our prognosis is, that it is capable of an easy and safe removal, and that the patient will make a speedy and comfortable recovery.

As the heteroclitic character of the tumor is concerned, it shows one of the exceptions of the class to the cancerous alliance; there is nothing malignant about this growth; it is a heterochronia of the vascular system, not the manifestation of a cachexia.

[Prof. Agnew entering the amphitheatre at this moment, Dr. Garrretson had the advantage of his assistance in the operation, which was forthwith commenced by making a curvilinear incision running from the symphysis to the angle of the jaw, being however entirely upon the neck; with the purpose, as remarked, of concealing any scar which might result. Carefully passing through skin, platysma myoides, and superficial fascia, all being found very much thinned, the sac of the tumor was reached, and from off which the flaps were dissected.

Toward the bone, the cyst grew more and more imperfect, while the face of the maxilla was converted into a cellular mass, quite as loose as the cancellated tissue of the head of the tibia. The mass seemed supplied by a single vessel of importance, and was removed without the use of a single ligature; Dr. G. remarking that it was a case which allowed him to exhibit to the best advantage the virtues of alum-water, this being used upon the mop-sponges exclusively.

After the removal of the mass, it was found so loose in structure, that, squeezing out the blood and juicy contents, the parenchyma was reduced to the size of an ordinary hickory-nut. It was then remarked that the tumor was of that kind which might be described as cysto-succulent, a very rare condition, particularly as found associated with the osseous structures. W.]

Enlarged Tonsils and Uvula.

The next case which I shall show you is that of a lad who presents himself for a difficulty of the throat, which he describes as annoying rather than painful. He is troubled with a continual irritation in his fauces, with a constant desire to expectorate a thick, tenacious mucus which collects there, and whenever the disease is aggravated by cold, he complains not only of soreness, but also of a difficulty of breathing, especially at night.

I look into his mouth to ascertain the cause of this irritation, and immediately discover two projecting bodies, one from either side of the fauces, between the anterior and posterior half-arches, and I immediately recognize them as enlarged tonsils.

These tonsils, as you will remember, are oval, or almond-shaped, somewhat rugose, glandular bodies, presenting a number of follicular depressions, the sides of which are surrounded by small, closed, spherical sacs, analogous to those found in Peyer's patches in the intestines, and which have walls of considerable thickness, lined by epithelium; these sacs contain a tenacious, grayish-white secretion, and sometimes open upon the surface; Some of them beneath the mucous membrane, though called glands, yet appear to belong rather to the absorbent than to the secreting-gland system, though they do indeed bear a certain generic resemblance to the ductless glands.

These tonsils are liable to become inflamed from various causes, but I will not stop to dwell upon acute tonsillitis, passing simply to say a few words upon the chronic hypertrophy or enlargement which we have in the case before us.

This disease is usually found in children, rarely, if ever, appearing after the attainment of puberty, and is almost invariably, some authors say, without exception associated with a scrofulous diathesis, yet, I think, it might occur from repeated attacks of tonsillitis, the frequent recurrence of which might end in chronic inflammation, effusion, and induration.

The enlargement is at times but slight, and the inconvenience proportionately trifling, but when they are so greatly hypertrophied as almost to touch each other at the median line, thus blocking up the entrance to the throat, then the distress, which is chiefly mechanical, becomes severe, and, at times, alarming, especially when surrounding tissues are likewise implicated. In these cases the respiration at night is loud and snoring, the voice is necessarily greatly altered; the hearing is impaired from pressure upon the orifice of the Eustachian tube, and the breath is at times very offensive.

Enlarged tonsils vary in color from red to a blueish tinge, and in density we find them of all grades, from a spongy mass, to that of an almost cartilaginous hardness.

This hypertrophy being an indication of a general constitutional taint, demands constitutional rather than local remedies, or, at least, they should be conjoined; yet both usually fail, producing absorption, when once effusion and induration has occurred, and our chief reliance must be upon general hygienic measures, in careful attention to food, clothing, exercise, etc. Cold sea-bathing I especially recommend.

In relation to medicines, the various preparations of iodine have, of course been largely used, and at times with apparent benefit, yet they are open to the objection that their use in some cases tends to a diminution rather than to an exaltation of vital power. When medication, however, is demanded, it is to be directed to the correction of any observable con-

stitutional defect or irregularity. Tonics are always useful.

Pressure by the finger, frequently repeated; puncture with the point of a bistoury, the application of any of the sorbefacients, very dilute gargle of the tincture of capsicum—any or all these means may bear local trial, but it is to be regretted that the promise is very little. Dilute tincture of iodine, or a solution of nitrate of silver may prove of benefit, and in Europe the local applicationf o l l> of zinc has received many praises. It is at first used as a solution of moderate strength, but afterwards in the pure, deliquesced state. All these remedies failing, however, as usually occurs, we are then compelled to remove the organs or at least a portion of them. For the accomplishment of this purpose various instruments, called tonsillotomes, have been invented, all essentially upon the same plan, *i. e.*, a ring to encircle the gland—a catch-pin to secure it, and a knife wherewith to make the section. The best patterns are those of Fahnestock or Physick, and with these instruments the operation is rapid and safe, even in inexperienced hands. In introducing the instrument the head should be firmly held by an assistant, either being unnecessary except in children. When the struggles are violent the tongue should be held aside by the depressor, and the gland quickly grasped in the fenestrum, a hook being sometimes necessary to drag it into its position. The catch-pin being now slid, a section can be made of any desired portion.

The presence of the instrument often excites violent gagging and retching, and it is therefore advisable to educate the throats of our patients to its use for several days previous to an operation.

Hemorrhage is usually slight, yet cases are on record when it has been severe and even dangerous; still, as a rule, there is no trouble from this source that a simple gargle of alum-water will not be quite sufficient to overcome.

Some surgeons prefer a hook and probe-pointed bistoury for making the section, yet it is only safe in practiced hands, and even then the sudden movement of the patient might incur the wounding of the internal carotid artery, which you know passes in such close proximity to the gland, and which accident would be a most unpleasant and serious complication to so simple an operation. In my judgment, therefore, it is always better to adopt the safer plan, especially as it is just as effectual.

[Dr. G. then removed both glands with the tonsillotome of Physic, and also snipped off a portion of the uvula, since it was similarly affected and elongated. The hemorrhage was trifling, and the lad was directed to simply protect the parts from sudden exposure to cold, for a few days. W.]

——Assistant Surgeon Edw. Curtis, Brevet Major U. S. A., has resigned, to date June 7, 1870.

Medical Societies.

MEDICAL SOCIETY OF PENNSYLVANIA.

PBOF. MEIGS' ADDRESS OF WELCOME.

MR. PRESIDENT AND GENTLEMEN—*Members of the Medical Society of the State of Pennsylvania*:

The members of the Philadelphia County Medical Society, and the physicians in general of Philadelphia, welcome you again to your labors, and with hearty good will, once more offer you the hospitalities of their city. It is their earnest wish that this, your 21st annual meeting, may prove alike pleasant and profitable in its results;—very pleasant to yourselves, through the harmony of its proceedings, and the opportunity which it affords for social relaxation and the interchange of professional thought;—very profitable to the community through your scientific labors.

With commendable zeal, and at the sacrifice of time and money, you have gathered together this day from all parts of the Commonwealth. From the populous and busy cities, from the thriving villages, from the sequestered and thinly-settled tracts of the Keystone State, you have assembled for the noble purpose of endeavoring to ameliorate the condition of sick and suffering man, by promoting through your individual and combined researches, our knowledge of the essential nature of disease, and the best methods for its relief.

You convene under remarkable circumstances, and in the presence of extraordinary issues. These issues have not sprung up in the bosom of the profession, but are steadily pressing upon it from without, as problems demanding solution. Whether it be wiser to discuss these problems now, or leave them to be solved by time, that great rectifier of all difficulties, is for you to determine. In arriving at your conclusion you will not forget, however, that medicine is duplex in its relations; that it is intimately connected with science, on the one hand, and with the endless cares, the wants and sufferings of humanity, on the other. Its fibres of connection and dependence run out freely into all the ramifications of science. In turn its ranks are pressed upon by all, and penetrated by many of the social movements of the day. The medicine of any particular age will always reflect the scientific and the social character of that age. Our profession must, therefore be constantly varying, continually suffering innovations from the progress of science and the fluctuations of humanity. The medical profession, though eminently conservative, cannot, does not, stand still. Your published transactions bear evidence of this. They show that your labors, whether directed to the scientific or humanitarian aspects of medicine, have a progressive character. But they also show that you have, in the main, been cautious not to confound speculation in science with true advancement in knowledge, nor to mistake mere social agitations for human progress. You have always distinguished between the silently but steadily advancing waters of the river carrying fertilization in its course, and the noisy waves which, flung upon its banks in consequence of some obstruction in its channel, recede again and are lost in the main current, when the obstruction is removed.

Never were caution and discrimination more required in your deliberations than at present. The *esprit du corps* of the medical profession, never

clearly understood, nor distinctly recognized by the public, is now almost wholly ignored. From the earliest time the profession of medicine has naturally and instinctively asserted its claims to be regarded as a peculiar calling in which the ordinary laws regulating the conduct of trade and commerce require modification. This conviction, after a long lapse of time, has found its expression in the enunciation of a series of ethical principles which, embodied in a written code, seeks to regulate the conduct of physicians towards each other, and attempts, furthermore, to define the reciprocal duties of physicians and the public. The Code of Ethics adopted by the American Medical Association may be regarded as the first attempt to define, in a general way, the consensual obligations which lie between physicians and the community. From this attempt has sprung up a curious feeling of antagonism between the medical profession and the community at large, which, though not aroused, is practically manifested in various ways. The public readily enough recognizes the principle of reciprocity of benefit as between itself and the medical fraternity, but completely ignores, to its own great injury, the mutuality of responsibility which is always associated with that of benefit. Although fully aware that in their very nature the services rendered by physicians differ wholly from the tangible and material products which constitute the basis of the ordinary occupations of life, such as the purchase, sale and transfer of property; the manufacture, sale and carriage of goods, etc.; it, nevertheless, insists that professional services, which are the intangible, immaterial fruits of skill and judgment alone, must be considered as purely commercial transactions, and, therefore, measured by the same standard of value. While it acknowledges that every physician, as a member of society, has rights of which he cannot be deprived and in the exercise of which he is entitled to remuneration for services granted to others, it still demands of the profession an unusually large consumption of time, and exhibition of skill in purely philanthropic undertakings, both private and public. It very properly demands of the physician skill, diligence and fidelity in the performance of his duty, but singularly enough, requires no apprenticeship, no previous qualification to deal with the complex phenomena of health and disease. It demands of the profession at large, and of medical schools in particular, a high standard of medical education, and yet practically repudiates all education by declaring through every day custom, and through its legislatures, that a physician is any one, whether graduate or not, who publicly announces himself to be a practitioner of medicine, and undertakes to treat the sick either for or without reward—the *prima facie* evidence of his professional character being found in the proof, merely, that he practices as a physician. It requires of the medical profession pre-eminent morality, and yet not unfrequently urges physicians, privately, to the commission of acts not only of doubtful propriety, but of positive criminality, and even endeavors, occasionally, to extort from them the public recognition of procedures well calculated to break down the barriers of propriety between the sexes—barriers already too much weakened by a variety of social circumstances. When the physicians of this city refused, in a recent instance, to accept this false position, they became the target against which were mercilessly hurled the shafts of ridicule and misrepresentation. "Several journals in this city," to use the language of *The Public Record* of May 27, "publishing articles of a partisan, and, in some instances, of a personally malicious character, misrepresenting the nature of the question at issue, and seeking apparently to mislead and confuse the public mind in the matter." Although often ready enough to avail itself of legal actions for redress for malpractice, whether true or fancied, the public, through its legislative representatives, removes with unpardonable inconsistency, as much as possible, those wholesome restrictions which tend to diminish the chances of such malpractice. "There is a growing tendency in this country," very justly writes Prof. Ordronaux, "to abolish all restrictions upon the practice of the liberal professions, and to throw their doors indiscriminately open to the public. And the knowledge of this as a prejudice, favored by public opinion, has worked irretreivable injury to the profession of medicine, doing more than all things else combined to encourage irregular practitioners." In 1422 the British Parliament enacted, and this is regarded as the earliest statute relating to the medical profession, that "no one shall use the mysterie of fysyk unless he hath studied it in some university, and is at least a bachelor in that science. And if any one practice contrary to this regulation, he shall forfeit £40, and be imprisoned." In 1844 the legislature of New York repealed the statutory regulations in force in that State requiring, as a condition to the right of recovery for medical services, an attendance upon lectures, an examination before a medical board, and a certificate from an organized association. From the contrast offered by these enactments separated as they are by more than four centuries of time, it is evident that the large increase of individual liberty brought about by the advancement of civilization is not always compatible with the best interests of the community at large. In the case of your own organization, which entails no expense upon the commonwealth, confers no real privileges upon yourselves, and from which you derive no emolument, you all know how the efforts of your committees appointed to obtain a charter from the general government have entirely failed, the Supreme Court, on mere technical grounds, refusing the sanction of the government to earnest, thoughtful labors prosecuted for the benefit of the citizens of this State, at the cost of time and money, and patient research on your part.

In view of these facts—in view of the erroneous conceptions of the public in regard to the position, relations, and animating spirit of the medical profession, and having still fresh in your minds the unhappy proceedings of the late meeting of our National Medical Association in Washington, it seems not inappropriate to urge again that certain issues already alluded to shall not be admitted to discussion, calculated as they are, to become apples of discord in your midst, and to impair so decidedly the utility of your organization.

Thus far, though much has been done by it, your association has by no means accomplished all the good of which, if rightly conducted, it is capable. Though you have failed to bring the general public into accordant action with yourselves, you can still do much for the welfare of the community, through the promotion of medical science by a more systematic and harmonious direction of your labors. The conflict of personal and sectional interests so apt to spring up in an organization composed like yours, of representatives from all parts of the State, must be avoided by keeping ever in view the broad principles which lie at the basis of your society and

for the support of which it was created. Above all, it is imperatively necessary that the professional conduct of every member of the association should always be carefully regulated with reference to the sentiment of the profession at large. The neglect of this rule of conduct has, on various occasions, compromised the profession in a serious manner, and done much to weaken its usefulness as an organized body. For it must never be forgotten that medical organizations in this country, and especially in this State, have no legal, but simply a moral power. The due appreciation of this fact is more than ever necessary now, since it is evident that in the medical profession the strongest obstacle to its thorough and efficient organization is the tendency to individualization which is manifestly growing stronger every day. This tendency, so clearly attributable to the large increase in individual liberty resulting from the career of development through which civilization has for centuries been slowly advancing, is heightened by the too exclusive cultivation of specialties in medical science, and by the low standard of medical education, and the consequent introduction into the ranks of medicine of incompetent persons who, conscious of their lack of skill, and pressed by the intense competition for business, resort to practices to insure pecuniary success which are completely subversive of all dignity in medicine as a liberal profession.

It being apparently impossible to overcome the difficulties just indicated, by mere legislative action on your part, it may well be asked whether much of the time spent in the discussion of the ethical relations of the profession would not be far better devoted to other, and perhaps, after all, the greatest objects of your society—objects which, in the second article of your constitution, are defined to be the extension of medical science, and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community. Under the present circumstances, the elevation of the professional character, and the protection of your individual interests can only be accomplished by the practical recognition of the scientific requirements of medicine. So long as medicine continues to be empirical, so long will quackery continue to flourish. Not by exposing its criminal falsifications can you make quackery impossible, but rather by casting the strong light of science upon the doubtful and obscure places in medicine. Only under the influence of this light can the mercenary impostors who cajole the public, and make the practice of physic a mockery and a by-word, be driven away by the mists of night before the coming dawn. In the cultivation of medical science lies your true and only strength. By cultivating science you give to medicine exactitude; by giving to the healing art exactness, you place it upon an elevated platform, you isolate, at once, this goodly tree from the horde of pretenders who so long have carried on their nefarious schemes under the benign influence of its widely-spreading branches. You all know how surgery, visiting upon the exact science of anatomy, and calling to its aid various accurate mechanical appliances, is now but little troubled with impostors. The "natural bone setters" and other similar charlatans have long since disappeared from its domain. You also know how practical medicine, on the other hand, based as it is upon an experience which is so often fallacious, upon a physiology and pathology still very imperfect, and an organic chemistry in a state of great confusion, is still a prey to the rapacious cunning of every quack who boasts his infallible remedy for phthisis, rheumatism, and all those special ills, which, in consequence of our ignorance of their essential nature, continue to resist all therapeutic effort.

The problems of medical science awaiting solution are numerous. The difficulty of their solution is only equaled by its importance. No more important object, indeed, could occupy your thoughts and time than the systematic attempt to clear up some, at least, of these questions. Many of them can be investigated by the clinical methods peculiar to medicine; for the unraveling of others, aid must be sought in the methods and appliances of physical, chemical, and natural sciences. There is ample room for the gratification of every taste, of every scientific tendency. Look around you and behold with what extraordinary rapidity science is unfolding itself in a multiplicity of directions. To practical medicine the momentum of this active development has been imparted with happy results, by means of various ingenious instruments, such as the stethoscope, laryngoscope, ophthalmoscope, otoscope, endoscope, microscope, thermometers, manometers, the sphygmograph of Marey, the stethosphygmograph of Hawkins, different electrical machines, etc., the laws of sound, light, heat, electricity, and mechanics, have been practically employed, in not a few instances, with signal success in elucidating the phenomena of disease.

In consequence of this rapid advance in science, and the multiplication of scientific instruments, medicine is at present undergoing a remarkable change. While its data are daily becoming more and more exact, the theories or fundamental principles which constitute its framework, so to speak, are undergoing, like our social fabric, a complete revolution. To the reflecting mind it is evident that medicine is now passing through a chaotic phase in its onward career. The day of blind obedience to authority is at an end; no asserted fact, no theory, however plausible, finds its way to acceptance on account of the great name attached to it; but, on the contrary, is immediately tried in the crucibles of experiment, observation, and induction, by that earnest and enthusiastic band of laborers, who, whether in physics or biology, are seeking with busy hands to reconstruct the philosophy of medicine, and place it upon a sure, scientific basis. That, for nearly a quarter of a century, you have industriously labored for the furtherance of this object is amply attested by the scientific papers and reports contained in your printed transactions. In these labors the physicians of Philadelphia deeply sympathize, and again most cordially welcome you to their renewal, as brothers and co-workers in a great cause.

VERMONT MEDICAL SOCIETY.

This Society held its semi-annual session in Burlington on Tuesday and Wednesday, June 14, and 15. Dr. HENRY JANES, of Waterbury, President, in the chair; Dr. L. C. BUTLER, of Essex, Secretary.

The credentials of Dr. B. F. Sherman and Dr. Shumway, as delegates from the Medical Society of New York, and of Dr. Albert Smith, as delegate from the New Hampshire Medical Society, were presented, and the gentlemen were invited by the

President to participate in the proceedings of the society. The gentlemen responded in some happy remarks, expressing the congratulations of their respective societies.

Dr. L. C. Butler read a paper on "New Remedial Agents," mentioning, among others, some of the Chemical preparations of Jas. R. Nichols & Co., of Boston, which he commended, and the two remedies recently introduced to the profession, viz: Chloral Hydrate and Iodoform.

Dr. O. F. Fassett read a paper on "Anæsthetics in Midwifery," giving a *résumé* of the present knowledge of their use in this department of medicine.

The subject was freely discussed by Drs. Smith, Hyde, Putnam, Crosby, Fassett, Sherman, Upham, and Branch, generally favoring its use, and speaking of its entire safety, if properly administered. The general expression was in favor of chloroform as the anæsthetic to be used.

Dr. C. P. Frost read a paper on the "Uses and Abuses of Opium," which gave rise to a general discussion, in which Drs. Crosby, Smith, Putnam, and Sherman participated.

Dr. John Branch read an obituary notice of Dr. Seth R. Day, of St. Albans, deceased.

During the evening session, in the absence of Dr. Abram Harding, Vice President of the society, who was expected to deliver an address—Dr. C. P. Frost read a paper on the "Pathology of Fever," prepared for the society by Dr. E. E. Phelps of Windsor.

The President presented the credentials of Dr. C. F. Kingsbury, delegate from the N. H. Medical Society, who was invited to participate in the deliberations of this society. Dr. Kingsbury responded to the invitation in a happy manner.

During Wednesday's session Dr. Janes read a paper on "Gun-shot Fractures," giving results of his observations upon these cases, whilst occupying a position as a surgeon of the army in the late war.

Dr. G. B. Bullard read a paper on the "Thermometer in Disease," recording his observations upon the use of this instrument in the progress of various diseases, as scarlatina, measles, typhoid fever, and tuberculosis. The discussion on this paper was participated in by Drs. Crosby, Kingsbury, Bullard, Janes, Putnam and others.

Dr. Crosby presented a photograph of a pair of Siamese twins for the examination of the society, and gave a history of the case. In connection with the subject he gave minute details of the operation for vesico vaginal fistula.

Dr. L. C. Butler read a paper on the "Statistics of Consumption in Vermont," particularly with reference to its geographical distribution among the counties of the State in proportion to population. The subject of this paper was discussed by Dr. Shumway, of New York, and Dr. Janes, urging the continuance of the line of investigation indicated in it.

Dr. Hutchinson presented an obituary notice of Dr. S. S. Butler, late of East Berkshire.

Drs. C. P. Thayer and H. H. Langdon, of Burlington, were unanimously elected members of the society.

Reviews and Book Notices.

NOTES ON BOOKS.

Professor SANFORD E. CHAILLÉ, of the University of Louisiana, has republished, from the New Orleans *Medical Journal*, his article on "The Yellow Fever, Sanitary Condition, and Vital Statistics of New Orleans during its military occupation the four years 1862–5." It is a well-considered article, of course, coming from Dr. Chaillé, but not a cheerful one, as he upsets so many of the pet theories of prevention.

The "*Dictionaire de Médicine et de Chirurgie Prâtiques*," published by Baillière, is now at its thirteenth volume. There will be twenty-five volumes in all. The best medical writers in France are engaged upon it.

Dr. E. J. STAHLBERG, of St. Petersburg, has published, in Russian, a treatise on the therapeutical and physiological action of *kumys*, or mare milk curd. Among other things, it is said to cure consumption (of course).

Dr. LUTHER PARKS has resigned the editorial chair of the Boston *Medical and Surgical Journal* in favor of Dr. FRANCIS H. BROWN. We regret to lose Dr. PARKS from the editorial brotherhood. His uniform courtesy, temperate and judicious opinions, and enlightened appreciation of the scope and objects of medical journalism, we have always recognized with pleasure.

Steiger's Monatsbericht, commenced May, 1869, the only literary periodical published in the German language in the United States, enters upon its second volume, the first number of which has just been issued. The most striking feature of the present number of the *Literary Monthly Record*, in our opinion, as it will be in that of its numerous readers, is the announcement of a *prize of eight hundred dollars* offered for the best *historical sketch of the intellectual vigor and progress of the German population in North America*, more particularly exhibiting *the influence of the German-American press on the development of American Institutions*. Such an announcement is calculated to awaken curiosity, and stimulate the exertions of many students and professional writers.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JULY 16, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PROFESSION AS A BUSINESS.

While we yield to no one in a proper estimate of the dignity and nobility of the profession of *the healer*, we are sufficiently a child of our age and country to recognize clearly that it is also a *business*, a practical means of getting bread and butter, and of supporting a family. It is this more than it is anything else, and any regulations or provisions which regard it primarily in any other light will stultify themselves.

The business is a poor one. In country districts, a well-established doctor does not generally collect more than two thousand dollars *per annum*. He does a good business when he actually takes in that much money, one year with another.

In this and other cities, the majority of physicians who have remained conscientiously at work for ten or fifteen years, and had average success, reach as high as twenty-five hundred to three thousand dollars. But they do not save out of this as much as their country brethren out of their smaller incomes.

In our position as editors, with a very extensive correspondence in the profession, we are constantly hearing of physicians cut off in the prime of life, or after a long and arduous service in the harness, who leave their families in very straightened circumstances.

One reason is the poor pay we receive; another, that the profession obliges a certain amount of style, outlay, and respectability; another, the universal system of credit.

Consequently the practice of medicine is falling into lower hands. Only about five or six per cent. of the graduates of such colleges as Yale and Harvard study and practice medicine. Other avocations pay them better.

The same thing is seen in England. A recent editorial in the *Medical Press and Circular* says that, in that country, one prominent cause in injuring the profession as a business is the amount of work done gratuitously by every grade of the profession, each grade in this way injuring those below it. The first step is taken by the hospital physicians and surgeons, who, by their ready gratuitous services, encourage persons to apply for gratuitous aid who could well afford to pay fees that would satisfy young general practitioners. Then again others see patients free at their own houses, and a lower grade still are often found competing with the chemist and druggist by offering their advice free, charging only for the drugs. The natural result of all this is that medical advice has lost much of its pecuniary value in the estimation of the middle classes, and is grudgingly recompensed. The profession, as a means of income, is insufficient to maintain men of position, and therefore while increasing in numbers it is sinking in caste. The day of doctors' fees being accepted as mere professional honoraria are gone by, and in this mercantile age never can return. Everything now-a-days has its value, and this value must be regulated by marketable worth. If medical skill be required by the public, let it be paid for. The medical alone of the learned professions is content to work for nothing, hoping that in doing so it is laying a foundation for pecuniary success. This is a great mistake; life is too short to waste the greater and most valuable portion of it in sowing seed.

The present state of society requires a quicker harvest. Nature gives fifty harvests in fifty years, the practice of medicine only one, and that often a meagre one. In the Medical profession, as in the Law and in Divinity, each member should have present pay according to its worth, and give little free labor.

——The women have failed at Vienna and Munich, whatever they have accomplished elsewhere. A Russian Jewess applied to matriculate as a medical student in the university of the former city, but Dean Späth resolutely refused her. In Munich the faculty have decided only males could legally matriculate.

Notes and Comments.

Science and Faith.

In a review of Mr. A. R. Wallace's recent works on the *Theory of Natural Selection*, the *Nation* says:

"It is not a little singular that within a year two of the greatest thinkers of the day, who have gone furthest on the road which is generally believed to lead inevitably to atheism, have in all earnestness, and in the true scientific spirit, declared that their studies have given them the abiding conviction that there is, beyond this range of physical events, an intellectual guiding force. Our author believes that all force is "will force"—the will of a Supreme Intelligence; and Julius Robert Meyer, who has carried the idea of a corelation of forces to that point where the short-sighted believed he had left nothing but machinery in the universe, has declared that beyond all these phenomena must lie the Infinite Mind, and that his work, so far from sapping, has only strengthened the foundations of religion."

The Massachusetts Medical Society.

At the meeting of this Society, which took place on May 25th, Dr. J. L. Sullivan, of Malden, introduced the protest of the Middlesex South District Society against that section of the by-laws of the State Society which allows graduates of the Harvard and Berkshire Medical Colleges admission to the society on presenting their diplomas. After long debate it was voted to strike out the section, and it passed to the counselors for concurrent action. Dr. Sabian, of Berkshire, offered resolutions upon the death of Dr. Alden March, late President of the New York Medical Society. They were unanimously adopted. Dr. Brundy, of Boston, offered a resolution to the effect that the district societies should expel all members known to be irregular practitioners. Dr. Holt, of Lowell, considered himself a subject thus to be dissected, and made some desultory attempts to explain his position. The resolution was amended so as to read:

Resolved, That the Massachusetts Medical Society hereby expels from fellowship all those who publicly profess to practise in accordance with any exclusive dogma, whether calling themselves homœopaths, hydropaths, eclectics, or what not, in violation of the code of ethics of the American Medical Association. Adopted without discussion.

Dr. Auzias-Turenne.

This celebrated physician died about the 1st of June of pneumonia. He was buried without any religious service, it is said, at his own request. His will contained the directions that his body should be dissected, his bones carefully cleaned and articulated, and his skeleton, thus prepared, be offered to the school of medicine of Christiana, in Sweden. This was out of gratitude for the willing reception the school accorded to his famous doctrine of "syphilisation." It was often thrown up to him that he ought to inoculate himself if this theory were true and he was convinced of it. But he always parried these attacks. After his death it was found that he had actually done so, and there were found *more than fifty* characteristic scars where he had inoculated himself with the syphilitic virus!

Benzine in Whooping Cough.

Readers of THE REPORTER will remember that sometime ago several articles appeared in our pages illustrating the value of the odors of the gas works in whooping cough. Dr. Bottari, in France, having observed the same fact, set to work to explain it. He concluded that it is owing to the presence of *benzine*, and, therefore, administers this substance directly, in doses of from ten to twenty drops in syrups or mucilage, and also used it to odorize the air of the room. His conclusions are that if benzine is given at the outset, and during the first period of the malady, it does no good; but if administered later in the disease, the change for the better is "rapid and remarkable," provided no congestion of the respiratory organs is present.

Death of Dr. Charles A. Pope.

It is announced that Prof. CHARLES A. POPE, M. D., of St. Louis, has committed suicide in Paris. Dr. Pope has been for many years one of the most distinguished surgeons of the West, and a successful teacher. He was an ex-President of the American Medical Association. We confess that we are at a loss to understand the dispatch which attributes his death to suicide, and hope it will prove to be incorrect.

The American Journal of Obstetrics.

We learn that the May number of the *American Journal of Obstetrics* was destroyed by fire just after it had issued from the press, and was ready for mailing. Our *confrères* have our sympathy in their misfortune. We expect, however, that Phœnix-like, it will arise from the flames, and soon set at rest the many inquiries made as to what has become of it.

☞ We would call the attention of our readers to the cards in our advertising columns announcing Practices for sale. There are several excellent offers to be found there in different localities. The one advertised in Michigan is worthy of especial attention. An excellent paying practice can be secured at a very moderate outlay. We are satisfied that an intelligent man could at once secure all the business, and at good prices, too, that he would care to do.

Correspondence.

DOMESTIC.

Popular Medical Education.

[We give our friend, Dr. McCHESNEY, the opportunity to put himself right, as he desires it, and for the present we will drop the subject.—EDS.]

EDS. MED. & SURG. REPORTER:

If the readers of the REPORTER judge from the language used in your notes, appended as criticisms on my articles on the subject of "Popular Medical Literature," and *not* from the articles themselves, I shall certainly occupy an unenviable place before the world of letters. I am fully persuaded, however, that as a general proposition, men form unbiassed conclusions in differences of this nature, and by *their* decision I am content to abide. The honor (?) you proffer in placing me as the "champion of ignorance" is respectfully declined. You certainly have not comprehended my position, as I have heretofore claimed that an elevated *general* intelligence was very desirable, and would, I doubted not, remove many of the obstacles to successful practice, though I am not sure but that I have been over-liberal in allowing that much, as it is a notorious fact—one which *you* will hardly attempt to controvert, that charlatanism flourishes in its most exuberant proportions in the very midst of our centres of intellect—the great cities.

My purpose in writing upon this subject has been to defend practical medicine in its relations to an unscrupulous public, and *not to detract from the merit of educating the masses*, and though you may, on reading this paper, be tempted to exclaim—*Ne quid nimis*—yet the interest I have in everything pertaining to the welfare and usefulness of the physician will, I make no doubt, be to you and the readers of the REPORTER, my adequate excuse for addressing you again on this subject.

Note.—For the proper understanding of the above article, the reader is referred to REPORTER for June 11, 1870, latter half of col. 2, p. 501.

J. P. CHESNEY, M. D.

New Market, Platte co., Mo., July 1st, 1870.

General Instruction in Hygiene.

EDS. MED. AND SURG. REPORTER:

In your issue of June 16th ult., at page 526, appears the following paragraph, viz: "The French are so far ahead of us in some respects that they have already commenced the teaching of hygiene in the primary schools at Montfort, L'Amaury. Dr. DESCIEUX has introduced it with great success, says the *Gazette des Hôpitaux*." I am pleased to say that, under authority from the "Board of School Commissioners of Baltimore City," I have been engaged the past year and a half lecturing on hygiene, to the advanced classes in our male and female grammar schools, and with the most gratifying results.

I am glad the opportunity has occurred for making known through your valuable journal to other communities that we are laboring in a field which is already yielding fruits of the choicest character, and must ere long bring forth a most abundant and valuable harvest.

HARVEY L. BYRD, M. D.

Baltimore, Md.

NEWS AND MISCELLANY.

Charles Dickens.

Commenting on the death of Charles Dickens, the *British Medical Journal* says:

"How true to Nature, even to their most trivial details, almost every character and every incident in the works of the great novelist whose dust has just been laid to rest, really were, is best known to those whose tastes or whose duties led them to frequent the paths of life from which Dickens delighted to draw. But none, except medical men, can judge of the rare fidelity with which he followed the great Mother through the devious paths of disease and death. In reading *Oliver Twist* and *Dombey and Son*, or *The Chimes*, or even *No Thoroughfare*, the physician often felt tempted to say, "What a gain it would have been to physic if one so keen to observe and so facile to describe had devoted his powers to the medical art." It must not be forgotten that his description of hectic (in *Oliver Twist*) has found its way into more than one standard work, in both medicine and surgery (Miller's *Principles of Surgery*, second edition, p. 46; also, Dr. Aitken's *Practice of Medicine*, third edition, vol. i. p. 111; also several American and French books); that he anticipated the clinical researches of M. Dax, Broca, and Hughlings Jackson, on the connection of right hemiplegia with asphasia (*vide Dombey and Son*, for the last illness of Mrs. Skewton); and that his descriptions of epilepsy in Walter Wilding, and of moral and mental insanity in characters too numerous to mention, show the hand of a master."

Sir James Y. Simpson's Courting and Marriage.

The Lord Provost of Edinburgh is responsible for the following story. Sir James was at that time aiming at the chair of Professor of Obstetrics. The Provost says:

"When he began his canvass, amongst others he called upon me. I had always a taste—right or wrong—for a little badinage, and I asked him how he thought it possible for plain unsophisticated town councilors to be competent judges of the qualifications of a Professor of Midwifery; I thought a jury of old wives a much more likely tribunal to judge impartially on such a case." "Very true," said he, "but if I can produce testimonials from educated medi-

cal men who are competent judges of my qualifications for the office, will that not enable you to form a correct opinion as to who is the best qualified for the position?" This I thought a reasonable view of the case, but I said I had a far more formidable objection than that. "And pray what is that?" said he, in his most fascinating manner. I answered that I could vote for no man as Professor of Midwifery who was unmarried. "Well," says he, "I never thought of that, but I confess it a fair objection—a real disqualification, and one which must be removed." I learned a few days afterwards that the day following he started for Liverpool, where he knew of somebody who had no objection to be the wife of a Professor, and within a fortnight he was back in Edinburgh, called upon me, and announced that he was now qualified according to *law*, and claimed my vote.

A Centenarian.

Lazarus Fuchs, 112 years of age, is still living near Warsaw. Only three years have elapsed since his hair became gray, and when he was 93 years old he had a son by his second wife. His father lived 120 years, and his grandfather 126 years. So says the *Gazette Hebdomadaire.*

——Professor Perkins, of Union College, has been appointed to the Chair of Professorship of Chemistry in the Albany Medical College. Prof. Perkins was for a long time associated with Prof. St. John, of New York.

—— Dr. John Swinburne, late Health Officer of the Port of New York, and family, left on the 2d instant in the steamship Denmark for Europe. The Doctor intends to visit the chief cities and places of interest on the Continent.

——Professor Helmholtz, who has resisted many tempting offers to leave Heidelberg, has at last concluded to accept a chair in the University of Berlin. The King of Prussia has ever been his friend and liberal patron.

——Dr. Hering, Professor of Physiology in the University of Prague, lately delivered a public address at Vienna, on the subject: "Memory, as a universal function of organized matter." The topic is a rather startling one.

——Baron Liebig has been seriously ill from a carbuncle and an abscess, brought on indirectly by overwork.

——Dr. Matthews Duncan will probably take Simpson's chair as Professor of Obstetrics in Edinburgh.

——Rokitanski, the distinguished anatomical pathologist, has been elected president of the Imperial Academy of Medicine at Vienna.

——The distinguished British Surgeon, Professor Syme, is deceased.

——Statistics prove that in the 69 years commencing with 1801, Russia has lost by small-pox 10,350,000 children. So much for not making vaccination obligatory.

QUERIES AND REPLIES.

Green on Dislocations.

MESSRS. EDITORS: Prof. W. W. Green's essay on Reduction of Dislocations, mentioned in REPORTER of March 26th, page 262: Can it be seen at your office? If not, does it treat of dislocations of femur by manipulation? Where can I get it in this city?

Yours truly, C. R. P., a Subscriber.

REPLY.—You can obtain a copy of the Boston *Medical and Surgical Journal*, containing Prof. Green's article, by addressing David Clapp & Son, 334 Washington St., Boston, Mass. We have not the separately printed copy at hand.

Chloral Hydrate in Children's Diseases.

Will Dr. H. M. Lilly, of Fond du Lac, please inform me in what class of diseases he administers chloral hydrate to babies and children, and in how large doses.

Iowa. C. E., M. D.

The Pneumatic Aspirator.

Dr. S. H. S. of Ind.—We cannot get this instrument for you now, as there are none made. Perhaps we can get it manufactured for you to order.

Obituary.

SIR JAMES CLARK.

Sir James Clark, who died in London June 30th, æt. 82, was a native of Scotland, and studied medicine at Edinburgh, where he received his diploma. He published in 1820, a work giving the results of his observation during a scientific tour in Europe. On settling in London, he was appointed physician to some members of the British royal family, and when Queen Victoria ascended the throne she appointed him first physician, and created him a baronet. His long experience and contributions to medical science secured him the respect and esteem of the medical profession.

MARRIED.

ELLIOTT—MONTGOMERY—At Newville, Pa., on June 8th, by the Rev. E. Erskine, D. D., Mr. Charles Elliott of Winnebago county, Illinois, and Miss Ann Eliza Montgomery, daughter of Dr. James Montgomery, of Newville.

LAW—CLARKSON—At Millerton, Duchess County, N. Y., June 9, by Rev. Robert Hunt, Charles D. Law, Esq., and Miss Josephine Clarkson, eldest daughter of Dr. F. V. and Josephine Clarkson, all of Millerton.

PATCH—BULL—June 29, by the Rev. Thomas D. Anderson, Henry F. Patch, M. D., and Leonora, daughter of Henry H. Bull, all of Harlem, N. Y.

THOMAS—BELDEN—In Chardon, Ohio, June 22nd, 1870, at the residence of the bride's parents, by Elder S. W. Ingram, W. B. Thomas, Esq., of Ravenna, Ohio, and Miss Willia A., youngest daughter of Calvin Belden, M. D., of Chardon.

DIED.

BANCROFT—June 22nd, 1870, at his residence in Granville, Ohio, Dr. W. W. Bancroft, aged 64 years.

BARDWELL—May 29th, at Peachbottom, Pa., J. R. Bardwell, M. D., in the forty-fifth year of his age.

CRARY—At Fort Gibson, Cherokee Nation, June 14, Kimball Delany, only son of Dr. and Mrs. C. W. Crary, aged 8 months and 26 days.

HULL—In Cincinnati, July 2d, Florence Dodge, wife of Leverett R. Hull, and daughter of Dr. Israel B. Dodge.

JOHNSTON—At Evansville, Ind., June 30th, 1870, Dr. John Burt Johnson, son of John Johnson, Esq., near Montgomery, Hamilton county, Ohio.

KILBOURNE—Dr. William Kilbourne, one of the oldest physicians in Androscoggin county, Maine, died July 7th, of apoplexy.